

Leave Control/Processing Checklist

Proponent Agency is ACoFS, G-1.

UNIT INSPECTED: _____ DATE: _____

UNIT REPRESENTATIVE: _____ PHONE: _____

EVALUATOR: _____ PHONE: _____

Rating Criteria: (Major Areas: Items identified by the asterisk (*) on this checklist are considered critical during this evaluation.)

o **STRENGTHS:** Are indicated by all Major Areas checked "YES" which show efforts above and beyond the minimum required, with no on-the-spot corrections.

o **WEAKNESSES:** Are any major areas checked "NO" and require corrective action. If a major area has sub-areas marked "NO", that major area cannot be a strength, and now possesses weaknesses.

o **MAJOR FINDINGS:** Are those items marked with an asterisk that are recurring deficiencies and indicate serious systemic problems or negligence.
(*Items not marked with an asterisk that show strengths or weaknesses can be summarized in a "Findings" section.)

NOTE: Evaluators using this checklist are encouraged to note areas not specifically covered but which may need future attention. Such notes will not be used as a basis for determining the unit rating.

Leave Control/Processing Checklist	Yes	No	N/A
TASK: Review Unit Leave Control Processing Procedures			
CONDITIONS: Given the mission to ensure the unit has Leave Management and Processing procedures.			
STANDARDS: IAW AR 600-8-10 (Leaves and Passes)			
1. Leave Processing:			
a. Are references available? AR 600-8-10 (Leave and Passes)			
b. Is a written SOP available pertaining to leave processing procedures?			
c. Is the leave log and control numbers initialized at the beginning of the fiscal year?			
d. Does the unit leave clerk attach a copy of the DA Form 31 to the UTL and forward to the servicing finance office within 3 days of leave completion?			
e. Does the unit leave clerk maintain a file, suspense copy of the unit transmittal letter (UTL) and organization copy of DA Form 31?			
f. Does the S1 ensure that the leave control log is updated after information is received? (AR 600-8-10)			
g. Does the leave clerk review documentation to validate leave was not taken and then void the leave record? (AR 600-8-10)			
h. Are voided leaves properly identified and maintained? (AR 600-8-10)			
i. Is the leave control log printed at least once a month for reference and suspense purposes? (Automated only.) (AR 600-8-10)			
j. Are procedures in place for processing leave under emergency conditions? (AR 600-8-10)			
* k. Is there any indication of leaves not being processed by Finance? (AR 600-8-10)			
2. Sign out procedures:			
a. Are procedures established for maintaining the Personnel Register and is there a designated place where it will be located, during and after duty hours? (AR 600-8-6)			
b. Are there instructions on how to complete the DA Form 647 and DA Form 31 posted in the immediate vicinity of the register? (Should be easily accessible to individuals signing in or out.) (AR 600-8-10)			
c. Is the DA Form 647 used until all places are filled? Is the DA Form 647 closed out at 2400 hours daily? (AR 600-8-6)			
d. Are entries placed in the "Remarks" section of the DA Form 647 indicating the form/to date of PCS leave? (AR 600-8-6)			
e. Are files maintained IAW AR 25-400-2?			
3. Identify by position/title the personnel responsible for:			
a. Verifying the soldier's leave balance:			

Leave Control/Processing Checklist	Yes	No	N/A
b. Approval authority:			
c. Authenticating authority:			
d. Entering leave date on leave control log:			
e. DA Form 31 until soldier begins leave:			
f. Signing soldier out/in from leave:			
g. Reconciling the JUMPS Leave Transaction Input Report:			
h. Verifying the JUMPS Leave Transaction Input Report:			
i. Solving problems beyond control of leave processing clerk:			
Remarks:			

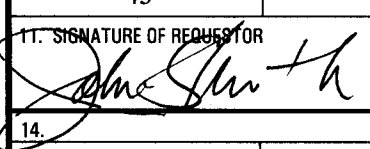
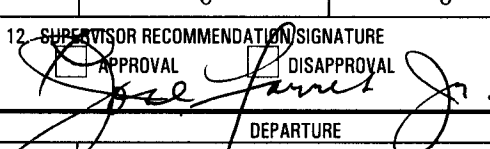
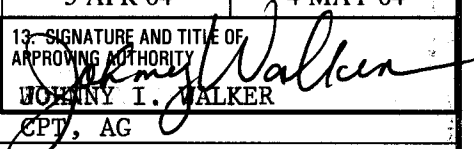
LEAVES AND PASSES

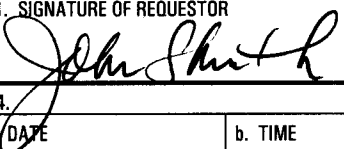
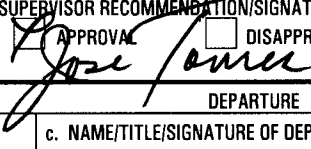

AR 600-8-10

1. Soldier: Request leave using DA Form 31, complete blocks 2 to 11. A current Leave and Earnings Statement (LES) must accompany the leave form.
2. First Line Supervisor: Recommends approval/disapproval of the leave request.
3. Company/Battalion Commander: Company commanders approves leaves 30 days or less and battalion commander (O5 and above) approves 31 days or more or those going on emergency leave.
4. Unit: Forward approved leave request to battalion S1.
5. Battalion S1: Assigned control number to leave form. Leave control log must be initiated at the beginning of the fiscal year. Once leave is completed battalion S1 must forward the original DA Form 31 thru unit transmittal letter (UTL) within 3 working days to supporting finance office. The unit leave clerk must maintain a file with suspense copy of UTL and organization copy of DA Form 31. Once leave has been confirmed processed the leave control log must be updated the date it was processed, the number of days charged etc. In any event the soldier did not take the requested leave, DA Form 31 and leave control number must be voided. Automated leave control log must be printed once a month for checks and balance. DA Form 647 must be utilized and will be maintained in one location along with DA Form 31s. DA Form 647 must be closed out at 2400 hours daily.

a. Environmental Morale Leave (EML): If service member desires to travel on a space available EML will upgrade the service member's travel status. An EML form must be filled out and approved by the unit commander and must accompany with DA Form 31 when signing up for space available flights.

b. Emergency Leave: (AR 600-810, Chapter 6) upon receipt of Red Cross message the commander or first sergeant must notify the soldier. DA Form 31 must be completed if he decides to go on emergency leave. Blocks 2 to 12 must be filled out. The approval authority for all emergency leave in Korea is a LTC or higher in command position. Once approved battalion S1 coordinates with Personnel Services Battalion (PSB) for issuance of emergency leave fund cite on DA Form 31. If emergency leave is in the United States, government will pay a round trip ticket to the nearest port of debarkation and service member is responsible for the transportation to the emergency leave location. But if emergency leave location is overseas the government will pay a round trip ticket to the emergency leave location. Command sponsored dependents are authorized to accompany the service member to and from the emergency leave location. Financial assistance is available through Army Emergency Relief (AER) if needed.

REQUEST AND AUTHORITY FOR LEAVE				1. CONTROL NUMBER	
This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10. The proponent agency is ODCSPER. (See instructions on reverse.)					
PART I					
2. NAME (Last, First, Middle Initial) SMITH, JOHN R.		3. SSN 123-89-0987		4. RANK SGM	
				5. DATE 1 MAR 04	
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 123 BECKER DR SE GREENWOOD, WI 12459 (890) 218-8907		7. TYPE OF LEAVE <input checked="" type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER		8. ORGN, STATION, AND PHONE NO. HHC, 19TH TSC APO AP 96218-5015 768-0987	
9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED 45	b. REQUESTED 30	c. ADVANCED 0	d. EXCESS 0	a. FROM 5 APR 04	b. TO 4 MAY 04
11. SIGNATURE OF REQUESTOR 		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL 		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY  JOHNNY I. WALKER CPT, AG COMMANDING	
14. a. DATE		b. TIME		c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY	
EXTENSION					
a. NUMBER DAYS		b. DATE APPROVED		c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY	
RETURN					
a. DATE		b. TIME		c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY	
EXAMPLE					
17. REMARKS					
Chargeable leave is from _____ to _____					
PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION:					
For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD		22. ARRIVED APOE (return only)	
				23. ARRIVED HOME UNIT	
PART III - DEPENDENT TRAVEL AUTHORIZATION					
24. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP					
<input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
DEPENDENT INFORMATION					
a. DEPENDENTS (Last name, First, MI)		b. RELATIONSHIP		c. DATES OF BIRTH (Children)	
				d. PASSPORT NUMBER	
PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION					
26. DESIGNATION AND LOCATION OF HEADQUARTERS				27. ACCOUNTING CITATION	
28. DATE ISSUED		29. TRAVEL ORDER NUMBER		30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION	

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5. DATE 1 MAR 04		6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 123 BECKER DR SE GREENWOOD, WI 12459 (890) 218-8907		7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER	
8. ORGN, STATION, AND PHONE NO. HHC, 19TH TSC APO AP 96218-5015 768-0987					
9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED 45		b. REQUESTED 30		c. ADVANCED 0	
d. EXCESS 0		a. FROM 5 APR 04		b. TO 4 MAY 04	
11. SIGNATURE OF REQUESTOR 		12. SUPERVISOR RECOMMENDATION/SIGNATURE APPROVAL  DISAPPROVAL <input type="checkbox"/>		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY  LARRY SMITH, LTC, OD Commanding	
14. a. DATE		b. TIME		c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY	
15. EXTENSION					
a. NUMBER DAYS		b. DATE APPROVED		c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY	
16. RETURN					
a. DATE		b. TIME		c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY	
17. REMARKS <div>EXAMPLE</div> <div>Chargeable leave is from _____ to _____</div>					
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23. ARRIVED HOME UNIT					
PART III - DEPENDENT TRAVEL AUTHORIZATION					
24. 25. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
DEPENDENT INFORMATION					
a. DEPENDENTS (Last name, First, MI)		b. RELATIONSHIP		c. DATES OF BIRTH (Children)	
d. PASSPORT NUMBER					
SMITH, DONNA L.		WIFE		28907070809	
SMITH, GIRL		DAUGHTER		90797696979	
SMITH, BOY		SON		90797970146	
PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION					
26. DESIGNATION AND LOCATION OF HEADQUARTERS CDR, 67TH PSB, APO AP 96218		27. ACCOUNTING CITATION SMDTH0987 00098 98008 09878			
28. DATE ISSUED 5 APR 04		29. TRAVEL ORDER NUMBER 96-1		30. ORDER AUTHORIZING OFFICIAL (Type and signature) OR AUTHENTICATION BUTLER, ROY D CW2, USA, Personnel Officer	

TRAVEL AUTHORIZATIONS FOR PARTICIPANTS IN UNFUNDED ENVIRONMENTAL AND MORALE LEAVE

READ RESTRICTIONS ON REVERSE PRIOR TO COMPLETING THIS FORM

AUTHORITY: 10 U.S. Code 124: EO 9397, 22 Nov 1943. Social Security Number (SSN)

PRINCIPLE PURPOSE: Used as authorization to travel in Space Available status on AMC aircraft by Environmental and Morale Leave (EML) eligible members and authorized dependents.

ROUTINE USE: Used by appropriate authority to evaluate an applicant's and/or applicant's authorized dependents eligibility to be issued travel authorization under the EML program. Use of SSN is necessary to make positive identification of individual records. This information becomes the record copy of orders after approval/authentication and enables members/authorized dependents in designated areas to procure transportation from and to aerial port of embarkation.

DISCLOSURE: Voluntary. However, failure to complete this form would preclude publication of EML orders.

To:	OSAN, MAC TERMINAL	From:	CDR, HHC, 19TH TSC, APO AP 96218-5015
Name of Sponsor (Last, First, MI)	Grade	SSN	Unit / Organization
SMITH, JOHN R.	E9	123-89-0987	HHC, 19TH TSC, APO AP 96218-5015

1. ENVIRONMENTAL AND MORALE LEAVE TRAVELERS (continue on separate sheet if necessary)

a. Name (Last, First, MI)	b. Passport # / SSN	c. Grade/Status	d. DOB (Children)
SMITH, JOHN R.	123-89-0987	AD	
SMITH, JOAN B.	345-09-5674	WIFE	
SMITH, JAMES A.	765-90-4576	SON	1 JAN 02
<h1>EXAMPLE</h1>			

2. Effective Sign-up Date:

5 APR 04

3. Expiration Date (Max 90 days):

4 MAY 04

4. ITINERARY

a. From (point of origin)	b. To (May be multiple destinations, but first reached is the final destination)	c. Return (point of origin)
OSAN, KOREA	HAWAII, USA	OSAN, KOREA

5. I have read and understand USCINCPACINST 1700.2N, and the restrictions printed on the back side of this form.

I certify the information provided on this form is true and accurate to the best of my knowledge.

Signature of Sponsor 	Date 12 APR 04
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THIS SECTION FOR AUTHORIZING OFFICIAL ONLY

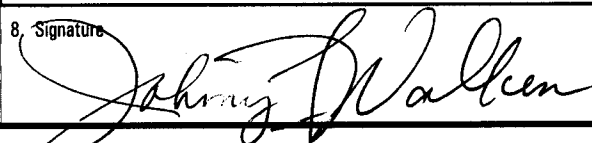
6. REMARKS (List Transiting Enroute AMC Terminals)

1st Trip	2nd Trip

7. Typed Name, Grade, Title of Unit Commander or Designated Approving Official

JOHNNY I. WALKER, CPT, QM, Commanding

8. Signature



**TRAVEL AUTHORIZATIONS FOR PARTICIPANTS IN
UNFUNDED ENVIRONMENTAL AND MORALE LEAVE**

R E S T R I C T I O N S

- Travel is space available only.
- Travel is authorized from or return to EML designated site by authorized uniform service members and authorized dependents. It is not for dependent travel for visiting uniformed service member's EML duty station.
- Travel must comply with directives pertaining to passports, visas, foreign customs, country clearance, and immunizations.
- Travel within CONUS under this program is prohibited.
- Traveler must have sufficient personal funds to defray the cost of return trip to point of origin if space available transportation is not available.
- Members must conform to appropriate service uniform directives when traveling aboard DOD owned or controlled aircraft, except as stipulated in the Foreign Clearance Guide. Failure to conform with service uniform directives may result in the loss of travel privileges.
- 66 pounds of baggage is maximum amount authorized.
- Failure to register for follow-on routing within 6 hours at transit terminal may result in the loss of follow-on priority and/or sign-up order.
- Travel must be completed the date indicated in Section 3 of this form.
- Violation of DODR 4515.13, Chapter 10, may result in the individual being held accountable for charges based on AMC tariff rate.